

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11/26/03.

I. DISPUTE

Whether reimbursement is recommended for dates of service 03/06/03, 09/19/03 and 03/20/03.

II. RATIONALE

Requestor billed \$36.00 for CPT code 95851 for dates of service 03/06/03 and 03/20/03, carrier made no payment and services were denied as "F-The service listed under this procedure code are included in a more comprehensive code which accurately describes the entire procedure(s) performed." Requestor submitted relevant information that indicates an office visit was performed on the dates of service in dispute. According to MFG MGR (I)(E)(4) reimbursement for range of motion is considered global when performed on the same date as an office visit. Therefore, reimbursement is not recommended for dates of service 03/06/03 and 03/20/03.

Requestor billed \$350.00 for CPT code 97110 for dates of service 03/06/03 and 03/19/03, carrier made no payment and services were denied as "F-Submitted documentation does not support or meet the criteria for one-on-one therapy that is identified in the fee guidelines ground rules and/or CPT code descriptor for reimbursement." Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. Relevant information submitted in support of the fee component in this dispute does not identify the severity of the injury to warrant exclusive one-on-one treatment. Therefore, in accordance with MFG MGR (I)(A (10), no additional reimbursement is recommended for the dates of service 03/06/02 and 03/19/03.

III. FINDINGS & DECISION

The above Findings and Decision are hereby issued this 12th day of May 2004.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

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